Attorney's Docket	No.
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## DECLARATION

## FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, inventor (if plural names are invention entitled CENTER	isted bele	ow) of the subject	matter which is claime	ed and for v	vhich a pate	nt is sought on the
Check Onc						
is attached hereto.						
was filed on						as
Application Serial No.						
and was amended on					<del></del>	(if applicable)
I hereby state that I have reclaims, as amended by any a which is material to patentals 119(a) - (d) or 365(b) of international application which have also identified below a application having a filing data.	mendmendity as deany fore the designation of the de	nts specifically referenced in 37 CFR ign application(s) ated at least one common application for	ferred to above. I acknown in 1.56. I hereby claim of for patent or inventional output of the than the I repatent or inventor's	towledge the foreign prictor's certificate, certificate,	e duty to di ority benefii icate, or 30 s of Americ or of any	sclose information ts under 35 U.S.C 55(a) of any PC a, listed below an
Application No.	Country	y	Date of Filing		Priority Yes√	Claimed No ✓
Explication 110.		,				
I hereby claim the benefit un	der 35 U.	S.C. 119(e) of an	y United States provis	ional applic	ation(s) liste	ed below:
Application No.		Date of Filing			Priority Yes√	Claimed No√
I hereby claim the benefit ur application designating the U this application is not disclo the first paragraph of 35 U.S. defined in 37 CFR 1.56 which international filing date of the	Inited Stated in the C. 112, It has become	ates of America, li e prior United State acknowledge the e available betwee	sted below, insofar as ites or PCT internation duty to disclose inform	the subject ral applicati nation whic	matter of ea on in the m h is materia	ch of the claims on nanner provided by I to patentability a
Application No.		Date of Filing			Status – Patented, Pending or Abandoned	
					<u> </u>	

NOTKIAVKI 1K	First Name James		W.	lle Initial(s)  Last Name  FORB		
ESIDENCE	City Campbellville	State/Province Ontario	Country Canada	Citizenship Canada		
	15 Glenron Road, R.R. 2	City Campbellville	State/Province Ontario	Country Canada	Zip Codc LOP 1B(	
	First Name		Middle Initial(s)	Last Name		
RESIDENCE	City	State/Province	Country	Citizenship		
		City	State/Province	Country	Zip Code	
	First Name		Middle Initial(s)	Last Name		
	City	State/Province	Country	Citizenship		
		City	State/Province	Country	Zip Code	
	First Name		Middle Initial(s)	Last Name		
RESIDENCE	City	State/Province	Country	Citizenship	-	
		City	State/Province	Country	Zip Code	
	POST OFFICE ADDRESS  FULL NAME OF INVENTOR RESIDENCE  POST OFFICE ADDRESS  FULL NAME OF INVENTOR RESIDENCE  POST OFFICE ADDRESS  FULL NAME OF INVENTOR RESIDENCE  POST OFFICE ADDRESS	Campbellville POST OFFICE ADDRESS  15 Gleinon Road, R.R. 2  FULL NAME OF INVENTOR RESIDENCE City  POST OFFICE ADDRESS  FULL NAME OF INVENTOR RESIDENCE City  FOST OFFICE ADDRESS  FULL NAME OF INVENTOR RESIDENCE City  POST OFFICE City  POST OFFICE ADDRESS  FULL NAME OF INVENTOR RESIDENCE City  POST OFFICE City	Campbellville Ontario POST OFFICE ADDRESS 15 Glenron Road, R.R. 2 City Campbellville  FULL NAME OF INVENTOR RESIDENCE City State/Province  POST OFFICE ADDRESS City State/Province  FULL NAME OF INVENTOR RESIDENCE City State/Province  FOST OFFICE ADDRESS City State/Province  FULL NAME OF INVENTOR  RESIDENCE City State/Province  FULL NAME OF INVENTOR  RESIDENCE City State/Province  POST OFFICE City State/Province  POST OFFICE City State/Province	Campbellville Ontario Canada POST OFFICE ADDRESS 15 Glenron Road, R.R. 2 City Campbellville Ontario  State/Province Ontario  Middle Initial(s)  FIRST Name City State/Province Country  POST OFFICE ADDRESS City State/Province  FIRST Name OF INVENTOR  RESIDENCE City State/Province Country  POST OFFICE ADDRESS City State/Province  FIRST Name OF INVENTOR  RESIDENCE City State/Province  FULL NAME OF INVENTOR  RESIDENCE City State/Province  Country  POST OFFICE City State/Province	Campbellville Ontario Canada Canada  POST OFFICE ADDRESS 15 Glenron Road, R.R. 2 City Campbellville Ontario Country Canada  FULL NAME OF INVENTOR  RESIDENCE City State/Province Country Citizenship  POST OFFICE ADDRESS City State/Province Country  FULL NAME OF INVENTOR  RESIDENCE City State/Province Country  Citizenship  Middle Initial(s) Last Name  Country  Middle Initial(s) Citizenship  POST OFFICE City State/Province Country  Citizenship  POST OFFICE ADDRESS City State/Province Country  FULL NAME OF INVENTOR  RESIDENCE City State/Province Country  Middle Initial(s) Last Name  Country  Citizenship  FULL NAME OF INVENTOR  FULL NAME OF INVENTOR  RESIDENCE City State/Province Country  Citizenship  POST OFFICE City State/Province Country  Citizenship  POST OFFICE City State/Province Country  Citizenship  POST OFFICE City State/Province Country  Citizenship	

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QΩ willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signatu 201	Text Inventor W. Forls
Date	August 1 /2000
Signatu 202	are of Inventor
Date	

Signature of inventor	
Date	
Signature of Investor	
Date	

Signatures should conform to names as presented at 201 et seq. above